

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11-W-00181/8

TITLE: Montana Basic Medicaid for Able-Bodied Adults

AWARDEE: Montana Department of Public Health and Human Services

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the state for the items identified below, which are not otherwise included as expenditures under section 1903, shall, for the period of this demonstration extension, be regarded as expenditures under the state's Medicaid title XIX state plan. These expenditure authorities and not applicables are effective January 1, 2014, through December 31, 2016.

The state shall claim expenditures for federal matching at the regular matching rate. The expenditure authorities listed below promote the objectives of title XIX of the Social Security Act by providing flexibility for Montana to extend coverage to certain low-income individuals, and provide twelve month continuous eligibility period to individuals in the demonstration. The following expenditure authorities shall enable Montana to implement this section 1115 demonstration.

**1. Expenditures for the Waiver Mental Health Services Plan Program (WMHSP)
Population**

Expenditures for coverage of health care services for no more than 3,000 individuals age 18 or older, not otherwise eligible for Medicaid who have been diagnosed with a severe disabling mental illness of schizophrenia, bipolar disorder, major depression, or another severe disabling mental illness, and at the time of their initial enrollment were receiving (or meet the qualifications to receive) a limited mental health services benefit package through enrollment in the state-financed Mental Health Service Plan Program, and either: 1) have income above 133 up to and including 150 percent of the FPL, or 2) are eligible for or enrolled in Medicare and have income at or below 133 percent of the FPL.

2. Expenditures for the Twelve Month Continuous Eligibility Period Population

Expenditures for health care related costs for parents and caretaker relatives initially determined eligible under the state plan in the eligibility groups described in either section 1931 of the Act or section 1925 of the Act, and individuals initially determined eligible under the demonstration as WMHSP population, but who no longer meet those standards during some portion of a twelve month continuous enrollment period.

**MEDICAID REQUIREMENTS NOT APPLICABLE TO THE DEMONSTRATION
ELIGIBLE POPULATION**

All requirements of the Medicaid statute not expressly waived will be applicable to those individuals who are made eligible for services solely by virtue of the demonstration project, except those requirements specified below:

Demonstration Period: January 1, 2014, through December 31, 2016
Amended: July 19, 2016

1. Reasonable Promptness (enrollment limit)

Section 1902(a)(8)

To enable the state to maintain enrollment up to the designated enrollment limit for the MHSP population.

2. Retroactive Eligibility

Section 1902(a)(34)

To permit the state not to offer retroactive eligibility to WMHSP individuals.